



JANASHAKTHI GENERAL INSURANCE LIMITED

Claim for Reimbursement of 'Outdoor' Medical Expenses

EPF No. : Policy No. : Claim No. :

(For office use)

(1) Name of Insured : (2) Claim for the month of

Name of Employee	Name of Patient	Patient's Relationship to Employee	Name of Specialist/ General Practitioner	Nature of Illness	Date of Expenditure	Receipt * Nos.	Amount of Expenditure
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						Total amount Claimed	_____ =====

We declare that the particulars given above are true and correct.

Date

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Signature of Insured

Note

- (1) This form should be filled up in respect of each employee making a claim.
- (2) All the bills for expenses incurred should be attached, together with prescriptions and relevant receipts.
- (3) * Please number all receipts attached and indicate the appropriate numbers against name.